

**ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION
MONTHLY MONITORING REPORT**

PERMITTEE NAME

Joyce Street Cottages Property Owners Association Inc

FACILITY NAME

Joyce Street Cottages

PERMIT NO.

4957-WR-3

PERMITTEE ADDRESS

4200 Gabel Dr
Fayetteville AR 72703

FACILITY ADDRESS

3578 E Joyce Blvd
Fayetteville AR 72703


AFIN NO.

72-01805

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
12/1/2019		12/31/2019

TREATED WASTEWATER EFFLUENT SAMPLING

Parameter	Limit	Sample Measurement	Units	Monitoring	Reporting
Flow, Monthly total	REPORT	0.103,337	MG	Total Flow per calendar month	Prior to the 15th of the following Month
Flow, daily maximum *	REPORT	0.06852	GPD	Daily	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	30	< 2.8	mg/l	Grab Sample once per month	
Total Suspended Solids (TSS)	45	< 4.5	mg/l		
Fecal Coliform Bacteria (FCB)	3,000	< 10.0	colonies/100ml		
pH	6.0 - 9.0	7.4	s.u.		
Total Phosphorus (TP)	REPORT	1.89	mg/l		
Total Kjeldahl Nitrogen (TKN)	REPORT		mg/l	Grab sample once per quarter	
Ammonia Nitrogen	REPORT		mg/l		
Nitrate Nitrogen (NO3-N) + Nitrite Nitrogen (NO2-N)	REPORT		mg/l -		
Plant Available Nitrogen (PAN)	REPORT		mg/l		

NAME OF PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF COGNIZANT OFFICIAL	TELEPHONE
			(479) 530-5926
TYPED OR PRINTED			DATE
			1/13/2020

COMMENTS AND EXPLANATION OF VIOLATIONS *(Reference all attachments here)*

* LOADING RATE BY ZONE			
Zone 1	980	Zone 5	1494
Zone 2	1220	Zone 6	562
Zone 3	1288		
Zone 4	1308		

Environmental Services Company, Inc.

Corporate Office
 13715 West Markham
 Little Rock, AR 72211
 Tel. (501)221-2565 Fax (501)221-1341

Northwest Arkansas Branch
 1107 Century Avenue
 Springdale, AR 72762
 Tel. (479)750-1170 Fax (479)750-1172

Control Number: 1912020087
 Customer Name : JOYCE STREET UTILITY LLC
 Customer/Permit No. : 1827 / 4957-WR-2 001
 Report Date : 12/30/19

Sample Date : 12/18/19
 Sample Time : 09:00
 Sample Type : GRAB
 Sample From : EFFLUENT

Collected By: TWM
 Delivery By : TWM
 Work Order :
 Purchase Order :

Laboratory Analysis

Analysis						Quality Assurance			
Date	Time	By	Parameter	Result	Notes	Quantity	Method	Precision % RPD	Accuracy % Recovery
12/18	0910	TWM	pH	7.4	S.U.		SM 2011 4500-H+ B	1.44	N/A *
12/27	1400	TWM	Phosphorous, Total (as P)	1.89	mg/L		EPA 365.3	0.90	111.0 *
12/19	1300	TWM	Solids, Total Suspended	< 4.5	mg/L		SM 2011 2540 D	0.00	N/A *
12/18	1645	TSB	Fecal Coliform (MPN/100mL)	< 10.0	/100ml		06/2012 Colilert18	0.00	0.0 *
12/18	1500	TWM	BOD, Carbonaceous	< 2.8	mg/L		SM 2001 5210 B	1.24	109.0 *

* QA data shown is from a different sample or standard on the same date.

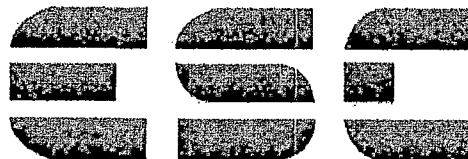
All equipment used is checked and/or calibrated daily. All NPDES testing is conducted in accordance with 40 CFR Part 136. A minimum of 10% spiked and duplicate samples is run on each parameter where applicable for Quality Assurance purposes. Quality Assurance Plan on file with Arkansas Department of Environmental Quality. Analysis time indicates the time of the start of the analytical batch in which the specific sample was included.

Signature _____

Environmental Services Co., Inc.

103337
 0852

Environmental Services Company, Inc.
 Northwest Arkansas
 1107 Century Street
 Springdale, Arkansas 72762
 website: www.esclabs.com



Corporate Office, Little Rock, Arkansas
 501-221-2565

Carlsbad, New Mexico
 575-887-1ESC

Phone: 479-750-1170 Fax: 479-750-1172

CHAIN OF CUSTODY

Client Information				Project Information						Requested Parameters					
Company Name: Joyce St. Utility LLC		Address: 1849 Trillium Lane Fayetteville Ar 72704		Permit/Project #: Monthly		Purchase Order #:		Sampler Name(s): <i>Ben Tyler Mack</i>		and Signature(s):		CBOD (70), TSS (28)	T-Phos (26)	F. Coliform (43.IF)	pH (23)
Telephone: (479)936-0333 (Cell)		Telephone:		ESC Client Number: 1827											
Sample Identification		Sample Collection				Sample Containers									
Identification	ESC Control #	Date	Time	Type	Matrix	Type	Volume	Preservative	#						
EFFLUENT	1912080887	12/18/19	9:00	GRAB	Water	Plastic	1/2 gal	None, Cool	0	X					
EFFLUENT	↓	↓	↓	GRAB	Water	Plastic	8 oz	H ₂ SO ₄ , pH<2	1		X				
EFFLUENT	↓	↓	↓	GRAB	Water	Sterile	250 mL	Na ₂ S ₂ O ₃	1			X			
EFFLUENT	↓	↓	9:10	GRAB	Water	glass	250 mL	None	0				X		
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Custody Seals:		Used? <input checked="" type="checkbox"/> N Intact? <input type="checkbox"/>		Turnaround:		Regular <input checked="" type="checkbox"/> Special <input type="checkbox"/>	
Relinquished By: (Signature and Printed Name)		Date	Time	Received By: (Signature and Printed Name)		Date	Time	Were samples properly preserved:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Relinquished By: (Signature and Printed Name) <i>Ben Tyler Mack</i>		Date	Time	Received for Lab By: (Signature and Printed Name) <i>V-L/A 70</i>		Date	Time								
Comments:		FLOW DATA				Field Test		Time	Analyst	Result	Result	Units			
		Analyst:				pH:		9:10	TJM	7.4	7.4	°F			
		Time:				Temp.:		9:10	TJM	11.2	11.1				
		Reading:				DO:									
		Units:				Debris:									
Cool all samples to 6 degrees C.						Chlorinated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		This Document is Page <u>1</u> of <u>1</u>							

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NWA UTILITY SERVICES, INC

PO Box 9299
Fayetteville, AR
72703



ADEQ
WATER DIVISION / Permits
Branch
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N. Little Rock, AR

72118

